

Life Skills Development Level 3 – Adult Day Training (ADT)

- iBudget Handbook -

This service is intended to support the participation of individuals in valued routines of the community that are age and culturally appropriate.

ADT services include the provision of activities in a non-residential setting, which provides training and assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills.

ADT services may include recreational and other activities to enhance social development and development of skills in performing activities of daily living and community living. The training, activities, and routine established by the ADT provider must be meaningful to the person and provide an appropriate level of variation and interest.

Activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence and personal choice.

Volunteer activities not related to employment training may be included as part of this service.

The service expectation is to achieve individually determined goals and support individual participation in less restrictive settings. This training must be provided in accordance with a formal Implementation Plan, developed under the direction of the person, reflecting goal(s)/outcomes from the person's current Support Plan.

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons
1	<p>The provider maintains Daily Attendance Logs covering services provided and billed during the period under review.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>Review Daily Attendance Logs for the entire period of review.</p> <ul style="list-style-type: none"> • Daily Attendance Logs must contain: <ul style="list-style-type: none"> ○ Name of person receiving services ○ Name of the service provider ○ Dates of service ○ Time period (e.g., 8:30 a.m. to 2:30 p.m.) <p>Note: “Time period” is a required component on Daily Attendance Logs for Life Skills Development 3 (LSD3).</p> <p>Determine if Daily Attendance Logs match claims data to ensure accuracy in billing.</p> <p>LSD3 can be billed using a monthly or hourly rate. The rate is determined by the number of hours the person is present each month.</p> <p>The number of hours is counted by hours and minutes. Total minutes must be rounded at the end of the billing period to the nearest hour. Total hours are rounded down if 30 minutes or less from the hour and rounded up if 31 minutes or more.</p> <ul style="list-style-type: none"> ➤ Billing instructions can be found in chapter 3 of the iBudget Handbook. <p>The monthly rate must be used when the person is present at least 80 hours during the month.</p> <p>For each month claims data indicate provider billed a monthly rate:</p>	<ol style="list-style-type: none"> 1) Daily Attendance Logs were not present for some/all dates of service for which claims were submitted. (B) 2) Daily Attendance Logs did not include the name of the person receiving services. (B) 3) Daily Attendance Logs did not include the dates of service. (B) 4) Daily Attendance Logs did not include the time period. (B) 5) Provider documentation demonstrated the provider billed the monthly rate when less than 80 hours of service were rendered. (B) 6) Provider documentation demonstrated the provider billed by the hour when 80 hours or more of service were rendered.(B) 7) Discrepancies were noted between units billed and services documented. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review Daily Attendance Logs to determine the person was present for at least 80 hours during the month. <ul style="list-style-type: none"> ○ Total the time present in minutes for each service date based on actual time in/out during the month. ○ Number of hours billed at the end of the billing period should equal total time present for that billing period. ○ Refer to the current APD Rate Table to determine the correct monthly rate was billed. <p>The hourly rate must be used when the person is present less than 80 hours during the month.</p> <p>For each month claims data indicate provider billed the hourly rate:</p> <ul style="list-style-type: none"> • Review Daily Attendance Logs to determine number of hours the person was present during the month. <ul style="list-style-type: none"> ○ Total the time present in minutes for each service date based on actual time in/out. ○ Number of hours billed at the end of the billing period should equal total time present for that billing period. ○ Refer to the current APD Rate Table to locate the correct hourly rate. <p>This standard is subject to identification of a potential billing discrepancy</p>	
2	The Implementation Plan covering services provided and billed during the period under review is in the record.	iBudget Handbook COMPLIANCE Review record to determine if there is an Implementation Plan present covering the entire period of review (this may require review of 2 Implementation Plans).	1) Implementation Plan was not in the record for some or all of the period of review. (B) 2) Implementation Plan was not developed within 30 days of receipt of the Support Plan from the WSC. (B)

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> • Review record to determine the date the Support Plan was received from the Support Coordinator. <ul style="list-style-type: none"> ○ Provider is responsible for documenting the date the Support Plan was received from the WSC and/or efforts to obtain. • Review record to determine the completion/development date of the Implementation Plan. <ul style="list-style-type: none"> ○ Implementation Plan must be developed, at a minimum, within 30 days of the initiation of the new service, or within 30 days of receipt of the Support Plan for continuation of services and annually thereafter. <p>Exception: When the Support Plan is received more than 30 days prior to the Support Plan effective date the following may apply.</p> <p>Implementation plan must be developed no later than 30 days prior to the SP effective date or within 30 days of receipt of the Support Plan, which ever date is later.</p> <p>Example: SP effective 10/1</p> <ul style="list-style-type: none"> ○ SP received 7/15 – develop IP no later than 9/1 (30 days prior to SP effective date) ○ SP received 8/15 – develop IP no later than 9/14 (within 30 days of receipt) ○ SP received 9/15 – develop IP no later than 10/15 (within 30 days of receipt). <p style="text-align: center;">This standard is subject to identification of a potential billing discrepancy</p>	<p>3) Implementation Plan was not developed within 30 days following the initiation of the new service. (B)</p> <p>4) Provider documentation does not demonstrate date the Support Plan was received from WSC. (B)</p>
3	The current Implementation Plan covering services	iBudget Handbook COMPLIANCE	1) Current Implementation Plan was not in the record.

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons
	<p>provided and billed during the period under review contains all required components.</p>	<p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p> <p>Review the current Support Plan to determine the goals/outcomes to be addressed by Life Skills Development 3 – ADT.</p> <p>Review the current Implementation Plan to determine minimum content is included:</p> <ul style="list-style-type: none"> • Name of person receiving services; • Goal(s)/Outcomes from the current Support Plan the service will address • Methods employed to assist the person in meeting the Support Plan goal(s)/outcomes. <ul style="list-style-type: none"> ○ The methods employed should vary based on the nature of the goal(s)/outcome(s), person’s preferences and according to the person’s learning style i.e. hand over hand, verbal prompt, simulations, role play, step by step instructions, demonstration, repetition. • System to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes. <ul style="list-style-type: none"> ○ Data collection systems and assessment of progress toward Support Plan goals/outcomes should vary based on the nature of the goal(s)/outcome(s) and be consistent with methods. Examples may include but not be limited to data collection sheets, skill acquisition forms, progress notes. • Signature of the recipient 	<ol style="list-style-type: none"> 2) Current Implementation Plan did not include the name of the person served. 3) Current Implementation Plan did not include one or more goal(s)/outcomes from the Support Plan the service will address. 4) Current Implementation Plan did not include the methods employed to assist the person in meeting the Support Plan goal(s)/outcomes. 5) The methods identified on the current Implementation Plan did not relate to the Support Plan goals/outcomes. 6) Current Implementation Plan did not identify the systems to be used for data collection and assessment of the person’s progress in achieving the Support Plan goal(s)/outcomes. 7) Current Implementation Plan was not signed by the recipient/legal representative. 8) Current Implementation Plan was not updated prior to implementing identified changes.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		Review the current Implementation Plan to determine if changes or updates were identified on the plan prior to initiating.	
4	Provider documentation demonstrates the Implementation Plan is being followed as written.	<p>iBudget Handbook COMPLIANCE</p> <p>Review record for Implementation Plans covering the period of review.</p> <ul style="list-style-type: none"> • Determine if provider documentation demonstrates identified methods employed to assist the person in meeting the Support Plan goal(s)/outcomes are being followed. <ul style="list-style-type: none"> ○ Refer back to Implementation Plan(s) for specific methods. • Determine if provider documentation demonstrates system to be used for data collection/assessment of progress is being followed. <ul style="list-style-type: none"> ○ Refer back to Implementation Plan for specific data collection/assessment systems. • Review documentation to determine if updates were made to the Implementation Plan during the Support Plan year. <ul style="list-style-type: none"> ○ If so, determine if ongoing service documentation demonstrates identified changes. 	<ol style="list-style-type: none"> 1) Implementation Plan was not in the record. 2) Provider documentation demonstrated one or more goal(s)/outcomes from the Support Plan were not being addressed. 3) Provider documentation did not demonstrate methods identified to assist the person to meet Support Plan goals/outcomes were being followed. 4) Provider documentation did not demonstrate systems to be used for data collection/assessment of progress were being followed. 5) Provider documentation did not demonstrate change when modifications were made to the Implementation Plan.
5	A copy of the Implementation Plan is provided to the person and when applicable, the legal representative, within required 30-day time frame.	<p>iBudget Handbook COMPLIANCE</p> <p>NOTE: For the purposes of this standard, only the “current Implementation Plan” will be reviewed. This is defined as the Implementation Plan associated with the Support Plan in effect at the time of the record review.</p> <p>Ask the provider to describe method of documenting how and when a copy of the Implementation Plan is provided to the person and when applicable, the legal representative.</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the person. 2) Provider documentation did not demonstrate a copy of the Implementation Plan was provided to the legal representative. 3) Provider documentation demonstrated a copy of the Implementation Plan was

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		<ul style="list-style-type: none"> • Review record for documentation supporting stated method. • Determine the date a copy of the Implementation Plan was provided to the person and when applicable, the legal representative. • The Implementation Plan must be developed within 30 days of receipt of the Support Plan or initiation of a new service. (See “Exception” in protocol on standard #2) • A copy of the Implementation Plan, signed by the person, must be furnished to the person and when applicable the person’s legal representative at the end of this 30-day period. 	<p>provided to the person but not within the 30-day timeframe.</p> <p>4) Provider documentation demonstrated a copy of the Implementation Plan was provided to the legal representative but not within the 30-day timeframe.</p>
6	<p>A Quarterly Summary covering services provided and billed during the period under review is in the record.</p>	<p>iBudget Handbook COMPLIANCE</p> <p>The quarterly time period begins on the effective date of the Support Plan.</p> <p>Refer to the Support Plan to determine the goals/outcomes addressed by Life Skills Development 3 – ADT.</p> <p>Determine Support Plan effective date to determine Quarterly Summary timeframes.</p> <ul style="list-style-type: none"> • Determine if provider completes Monthly rather than Quarterly Summaries. <ul style="list-style-type: none"> ○ Monthly Summaries in lieu of Quarterly Summaries are acceptable. • Review each Quarterly (Monthly) Summary within the period to determine minimum content is included: <ul style="list-style-type: none"> ○ Description of the person’s progress, or lack thereof, toward achieving each of the goals/outcomes identified on the Support Plan specific to services rendered. 	<ol style="list-style-type: none"> 1) One or more Quarterly/Monthly Summaries were not in the record. 2) One or more Quarterly/Monthly Summaries were not reflective of progress toward one or more Support Plan goals/outcomes. 3) One or more Quarterly/Monthly Summaries did not include a description of activities that took place during each quarter/month. 4) One or more Quarterly Summaries were not aligned with the Support Plan effective date.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ *Description of activities that took place during each quarter (month) of the Support Plan year that services were rendered. <p>*Description of activities that took place during each quarter (month) of the Support Plan year for Life Skills Development 3 - ADT will vary by person and could include but not be limited to social activities, special events, Baker Acts, police involvement, celebrating achievement of a significant milestone, awards, any events that impacted attendance, Support Plan meetings, updates on any unresolved issues reported on a previous Quarterly (Monthly) Report, etc.</p> <p>If the provider was not providing services at the time the last Quarterly (Monthly) Summary was due, score as N/A.</p>	
7	The Annual Report covering services provided and billed during the period under review is in the record.	<p>iBudget Handbook COMPLIANCE</p> <p>Review record to determine if there is an Annual Report present covering the entire period of review (this may require review of 2 Annual Reports).</p> <p>Review record to determine Support Plan effective date.</p> <ul style="list-style-type: none"> • Determine if the Annual Report is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable). <ul style="list-style-type: none"> ○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included. • Determine date Annual Report was completed and provided to the Support Coordinator. 	<ol style="list-style-type: none"> 1) Annual Report was not in the record. (B) 2) Annual Report was completed, but not at least 60 days prior to the Support Plan effective date. (B) 3) Annual Report did not indicate a date of completion. (B)

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		<ul style="list-style-type: none"> ○ Annual Report must be completed and provided to the Support Coordinator at least 60 days prior to the Support Plan effective date. <p>If the provider has rendered services to the person for less than 12 months, the Annual Report would cover all months since services were initiated.</p> <p>If the provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>	
8	The Annual Report covering services provided and billed during the period under review contains all required components.	<p>iBudget Handbook COMPLIANCE</p> <p>Refer to the Support Plan to determine the goals/outcomes addressed by Life Skills Development 3 – ADT.</p> <p>Review record to determine Support Plan effective date.</p> <ul style="list-style-type: none"> • Determine if the Annual Summary is a component of the Third Quarterly Summary, Ninth Monthly Summary (for those completing Monthly Summaries) or a separate document (which is acceptable). <ul style="list-style-type: none"> ○ The Third Quarterly Summary or Ninth Monthly Summary may serve as the Annual Report when a summary of the previous three quarters (or nine months) is included. • Review Annual Report for a summary of the first three quarters (or nine months) of the Support Plan year which must include: 	<ol style="list-style-type: none"> 1) Current Annual Report was not in the record. 2) Current Annual Report did not include a summary of the previous three quarters (nine months) of the Support Plan year. 3) Current Annual Report did not contain a summary of the person’s progress toward achieving one or more personally determined goals/outcomes on the Support Plan. 4) Current Annual Report did not contain any pertinent information about significant events that occurred in the person’s life during the previous year.

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		<ul style="list-style-type: none"> ○ Description of the person’s progress, or lack thereof, toward achieving each individually determined goals/outcomes identified on the Support Plan specific to the service rendered. ○ Any pertinent information about significant events that occurred in the person’s life during the previous year. <p>*Examples of “any pertinent information about significant events that occurred in the person’s life during the previous year” will vary by person and frequency of service and could include but not be limited to major milestone achieved, change in programs, significant event in the person’s personal life that impacted daily activities, significant health events, etc.</p> <p>If a provider has rendered services to the person for less than 12 months, the Annual Report, would cover all months since services were initiated.</p> <p>If the provider was not providing services to the person at the time the last Annual Report was due, score as N/A.</p>	
9	The provider maintains Service Authorization(s) covering services provided and billed during the period under review.	iBudget Handbook Current APD Rate Table COMPLIANCE Service authorizations are provided annually or more frequently as changes dictate. <ul style="list-style-type: none"> • Review the Service Authorizations for Life Skills Development 3 (ADT) and ensure: 	1) Service Authorizations were not present in the record. 2) One or more Service Authorizations were not present in the record. 3) One or more Service Authorizations were not in approved status. 4) One or more Service Authorizations did not indicate the correct rate.

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<ul style="list-style-type: none"> ○ The Service Authorizations are available to cover all services provided and billed during the period under review; ○ The Service Authorizations are in approved status; ○ The Service Authorizations indicate the correct rate (e.g. geographic, non-geographic, Monroe county rate, correct ratio). ❖ Refer to the current APD Provider rate table as needed. <p>WSCs and service providers must verify the Service Authorizations are correct based on the amount, duration, frequency, intensity, and scope authorized for the service in the iBudget system. If corrections are needed the service provider should immediately contact the WSC for resolution.</p> <ul style="list-style-type: none"> ○ Consider provider’s documented due diligence in securing corrected Service Authorizations when incorrect Service Authorizations are received or updates are in process. 	
10	Provider maintains required documentation covering services provided and billed during the period under review for services rendered and billed at ratios below 1:6-10.	<p>iBudget Handbook Current APD Provider rate table COMPLIANCE</p> <ul style="list-style-type: none"> ● Indicators of a one staff-to-one individual staffing rate ratio level include: <ul style="list-style-type: none"> – The need for this level of supervision must be verified in writing by the APD regional office local review committee (LRC) chairperson. <ul style="list-style-type: none"> ▪ Written approval should indicate on the ADT section of the LRC Chair Review of Behavior Analysis 	<ol style="list-style-type: none"> 1) Provider documentation demonstrated provider billed a 1:1 staffing rate without a current approved “LRC Chair Review of Behavior Analysis Services Eligibility” form. 2) Provider billed the 1:3 rate but documentation did not include evidence of a Behavior Plan implemented by the ADT and/or other eligibility criteria as determined by a CBA. 3) Provider billed the 1:5 rate but documentation did not include evidence

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		<p>Services Eligibility form also known as the LRC Base form.</p> <ul style="list-style-type: none"> ▪ Review is required at least annually or more frequently when indicated. – The ADT provider must maintain a copy of the Behavior Analysis Services Plan (BASP) being implemented. • Indicators of a one staff-to-three individual staffing rate ratio level include a recipient that either: <ul style="list-style-type: none"> – Requires an intense level of personal care support services (which include assistance with eating, positioning, assistance with lifting, or total physical assistance as indicated on the Questionnaire for Situational Information (QSI). – Is on a BASP implemented by the ADT provider, and exhibits the characteristics required for behavior focus residential habilitation services and as determined by a Certified Behavior Analyst (CBA). • Indicators of a one staff-to-five individual staffing ratio level include a recipient that either: <ul style="list-style-type: none"> – Routinely requires prompts, supervision, and physical assistance to perform basic personal care tasks such as eating, bathing, toileting, grooming, transitioning, and personal hygiene as identified in the current abilities section of the QSI. – Is on a BASP implemented by the ADT provider and requires visual supervision during all waking hours and occasional intervention as determined by a CBA. 	<p>of a Behavior Plan implemented by the ADT and/or other eligibility criteria as determined by a CBA.</p> <p>4) Provider documentation did not demonstrate the level of personal care required to bill the 1:3 staffing rate.</p> <p>5) Provider documentation did not demonstrate the level of personal care and support required to bill the 1:5 staffing rate.</p>
11	The provider is in compliance with billing procedures and the	iBudget Handbook Current APD Provider Rate Table COMPLIANCE	1) Provider documentation demonstrated the provider billed the geographic rate for services rendered in a non-geographic area. (B)

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#	Performance Measure/Standard	Protocol	Not Met Reasons
	<p>Medicaid Waiver Services Agreement.</p>	<p>Determine if services are being provided in accordance with the Handbook.</p> <p>Provider bills the appropriate LSD3 rate:</p> <ul style="list-style-type: none"> • Non-Geographical, geographical, or Monroe county rate <p>Review Claims data to determine rate billed:</p> <ul style="list-style-type: none"> ❖ Refer to the current APD Provider Rate Table as needed. <ul style="list-style-type: none"> • Review provider records for service authorizations, Attendance Logs and other available provider documentation. • Determine if services are rendered in accordance with approved Service Authorizations. • Review data collection documentation and Daily Attendance Logs for information supporting frequency of service provision approved ratio (days per week/month, full day/half-day, ratio). <p>This service is available to recipients age 22 years and older or when they have graduated from the public school system, receiving a standard diploma.</p> <ul style="list-style-type: none"> • Review Support Plan or other provider documentation to determine age of person. <ul style="list-style-type: none"> ○ If the person is under the age of 22 and services are being rendered/billed via the waiver, look for documentation to support the person graduated from high school with a standard diploma. <p>Providers of LSD3 services must be designated by the APD Regional office as LSD3 providers.</p>	<ol style="list-style-type: none"> 2) Provider documentation demonstrated the provider billed the Monroe County rate for services not rendered in Monroe County. (B) 3) Provider documentation demonstrated transportation time to and from the day program location was billed under day program service. (B) 4) Provider documentation demonstrated the provider billed for services rendered to a person under the age of 22 without documentation of High School graduation with a standard diploma. (B) 5) Service is not being rendered in accordance with the Handbook. (B)

Service Specific Record Review – Life Skills Development 3 (ADT)

#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>LSD3 services must be provided in community integrated settings or designated Adult Day Training centers that are compliant with the federal HCBS settings rule in 42 CFR 441.301(c)(4).</p> <p>The provider should bill no more than a maximum of the equivalent of 56 hours per week of all Life Skills Development services combined.</p> <p>This standard is subject to identification of a potential billing discrepancy</p>	
12	Provider bills for services after services are rendered.	<p>iBudget Handbook COMPLIANCE</p> <p>Provider is not to bill for services prior to rendering.</p> <ul style="list-style-type: none"> • Review Claims data to determine if provider billed a monthly or hourly rate per month. • Compare Daily Attendance Logs for each hour/month in the review period against date billed in claims data. <ul style="list-style-type: none"> ○ If provider billed the monthly rate: <ul style="list-style-type: none"> – Review Daily Attendance Logs to determine the date the person met the 80 hour requirement. – Compare that date to date billed to determine if the provider billed prior to the person being present at least 80 hours. • If provider billed the hourly rate, confirm each date was not billed until after the service was rendered. 	<ol style="list-style-type: none"> 1) Provider billed the monthly rate prior to the person being present at least 80 hours one or more months during the period under review. 2) Provider billed the hourly rate prior to rendering services on one or more dates during the period under review.
13	The provider documents ongoing efforts to address the person's choices and preferences.	<p>iBudget Handbook PERSON CENTERED PRACTICE</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to learn about the person's choices and preferences.

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#	Performance Measure/Standard	Protocol	Not Met Reasons
		<p>Ask the provider to describe method of soliciting and documenting the person’s choices and preferences related to implementing this service.</p> <ul style="list-style-type: none"> • Review record for documentation supporting stated method of soliciting and addressing the person’s choices and preferences on an ongoing basis. • Review Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report and/or other provider documentation to assist in determining if the person’s choices and preferences are being identified and match provider activities on an ongoing basis. • If available refer to the Support Plan as a reference document to determine if person’s choices and preferences are identified and match provider activities. 	<p>2) Provider documentation did not demonstrate ongoing efforts to address the person’s choices and preferences.</p>
14	<p>The provider documents ongoing efforts to assist the person/legal representative to know about rights.</p>	<p>iBudget Handbook Chapter 393 F.S. PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method of assisting the person and when applicable the legal representative to know about their rights and responsibilities as related to this service.</p> <ul style="list-style-type: none"> • Review provider documentation supporting stated methods for provider efforts to assist the person/legal representative to know about rights on an ongoing basis. • Review Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report, Implementation Plan and other available provider documentation demonstrating efforts to support the person, and when applicable the legal representative to know about rights. 	<p>1) Provider documentation did not demonstrate efforts to assist the person/legal representative to know about rights.</p> <p>2) Provider documentation demonstrated efforts to assist the person/legal representative to know about rights but not on an ongoing basis.</p>

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		<p>*Examples of efforts to assist the person/legal representative to know about rights will vary per person and frequency of service. Information could include, but not be limited to identification of rights most important to the person, access to personal possessions, fair wages, voting, freedom from discrimination, specific rights restrictions identified on a behavior plan, education on Informed Consent, confidentiality, voting, privacy, religion, free from harm, self-determination, etc.</p>	
15	<p>The provider documents ongoing efforts to ensure the person’s physical health needs are addressed.</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p> <p>Ask the provider to describe method used to gain and document knowledge of the person’s physical health information relevant to the service provided.</p> <ul style="list-style-type: none"> • Ask the provider how information related to physical health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Documentation may be found in Daily Attendance Logs, Quarterly (Monthly) Summaries, Annual Report, Implementation Plan, intake forms, stand-alone forms, or other available provider documentation. <p>*Key/critical physical health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, food allergies, use of adaptive equipment, medical conditions and other key information critical to maintaining the person’s physical health, and relevant to the service provided.</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather information about the person’s physical health needs. 2) Provider documentation demonstrated knowledge of the person’s physical health needs but not ongoing efforts to address identified needs. 3) Key and critical physical health information was absent from the record.
16	<p>The provider documents ongoing efforts to ensure the</p>	<p>iBudget Handbook PERSON CENTERED PRACTICE</p>	<ol style="list-style-type: none"> 1) Provider documentation did not demonstrate efforts to gather

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	<p>person's behavioral/emotional health needs are addressed.</p>	<p>Ask the provider to describe method used to gain and document knowledge of the person's behavioral/emotional health information relevant to the service provided.</p> <ul style="list-style-type: none"> • Ask the provider how information related to behavioral/emotional health is maintained and updated on an ongoing basis. • Review record for documentation supporting stated method. • Supporting documentation may be found in Daily Attendance Logs, Quarterly (Monthly) Summaries, Implementation Plans, Annual Report, intake forms, stand-alone forms, or other available provider documentation. • If based on review of the current Support Plan and provider documentation, there are no behavioral/emotional health concerns indicated, score N/A. <p>*Key/critical behavioral/emotional health information will vary by person and could include, but not be limited to diagnosis, certain environmental factors, medication and related information, Behavior Plans, Baker Acts, Police involvement, Safety Plans, emotional well-being (stress, anxiety, depression, grief, other emotional issues, or diagnosis) and other information critical to the behavioral/emotional health relevant to the service being provided.</p>	<p>information about the person's behavioral/emotional health needs.</p> <p>2) Provider documentation demonstrated knowledge of the person's behavioral/emotional health needs but not ongoing efforts to address identified needs.</p> <p>3) Key and critical behavioral/emotional health information was absent from the record.</p>